

# Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions

RECEIVED

A Public Document

### 1. Agency Name

Lighthouse Housing Corporation  
Division, Department, or Region (if applicable)

San Jose Date Stamp  
NOV -3 AM 9:58

California Form **802**

For Official Use Only

### Designated Agency Contact (Name, Title)

Jacqueline Odom, Executive Director

### Area Code/Phone Number

650-387-6819

### E-mail

lighthousehousing@yahoo.com

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

### 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 36.00

Event Description: Disney on Ice  
Provide Title/Explanation

Date(s) 10, 29, 2017

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: SJAA  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: \_\_\_\_\_  
Official's Name (Last, First)

### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
<u>Lighthouse Housing Corporation</u>	<u>8</u>	<u>Providing entertainment to underserve San Jose Resident Families</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Jacqueline Odom Executive Director 10-30-2017  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: Shelly was great. She truly has a heart to help the underserve families in San Jose. Thanks for caring for the children.